



ADDRESS CHANGE REQUEST

INSTRUCTIONS

An address change on a current Drug Enforcement Administration (DEA) registration can be made on this form. Complete the form below in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail or fax** this form to your **local Diversion Office**. Visit the Offices & Directories section of the website to locate the local office for your **NEW** address. Failure to include the required information may result in a delay in the change requested.

If you are a practitioner and you are moving to a different state, your request must include a copy of the state license for the new address, along with the state controlled substance license if applicable.

DEA Registration Number: _____

Registrant Name: _____

Current Address: _____

New Address: _____

Date of Relocation: _____

Tax Identification Number: _____

Social Security Number: _____

Contact (Individual's Name): _____

Telephone Number: _____

For Practitioner's with a state change:

New State License Number: _____

New State Controlled Substance Number (If applicable): _____

Signature: _____ Date: _____

(A signature **IS REQUIRED** to process this form.)